

### WILDERNESS FIRST AID EVALUATION

### VICTIM'S CONTACT INFO

INITIAL ASSESSMENT		Date of Incident	Name
Level of Consciousness (LOC, <b>A, V, P, U</b> )	<input type="checkbox"/> Alert	Time of Incident	Phone
	<input type="checkbox"/> Responds to Verbal		AM
	<input type="checkbox"/> Responds to Pain	PM	Dr. or Emerg. Contact Name
	<input type="checkbox"/> Unresponsive	Adult Normals: Pulse 60-100/m Cap refill < 2s Breaths 12-15/m Pupils: equal & reactive Temp 98.6 °F	Dr. or Emerg. Contact Phone
Pulse	Breaths		

### HISTORY

**S**igns & symptoms \_\_\_\_\_

\_\_\_\_\_

**A**llergies / Med-Alerts \_\_\_\_\_

\_\_\_\_\_

**M**edications \_\_\_\_\_

\_\_\_\_\_

**P**ertinent Past History \_\_\_\_\_

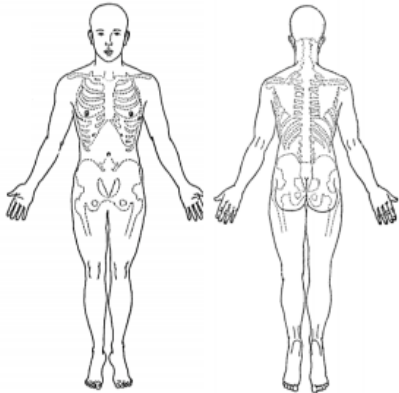
\_\_\_\_\_

**L**ast Food or Drink \_\_\_\_\_

\_\_\_\_\_

**E**vents Leading to Accident \_\_\_\_\_

### EXAM for Deformity, Open injury, Tenderness, Swelling



Examine: Head, Neck, Chest, Abdomen, Pelvis, Extremities, Back, Skin

Date Started	Time Started	AM
		PM
Name of care giver		

### WILDERNESS FIRST AID EVALUATION

### VICTIM'S CONTACT INFO

INITIAL ASSESSMENT		Date of Incident	Name
Level of Consciousness (LOC, <b>A, V, P, U</b> )	<input type="checkbox"/> Alert	Time of Incident	Phone
	<input type="checkbox"/> Responds to Verbal		AM
	<input type="checkbox"/> Responds to Pain	PM	Dr. or Emerg. Contact Name
	<input type="checkbox"/> Unresponsive	Adult Normals: Pulse 60-100/m Cap refill < 2s Breaths 12-15/m Pupils: equal & reactive Temp 98.6 °F	Dr. or Emerg. Contact Phone
Pulse	Breaths		

### HISTORY

**S**igns & symptoms \_\_\_\_\_

\_\_\_\_\_

**A**llergies / Med-Alerts \_\_\_\_\_

\_\_\_\_\_

**M**edications \_\_\_\_\_

\_\_\_\_\_

**P**ertinent Past History \_\_\_\_\_

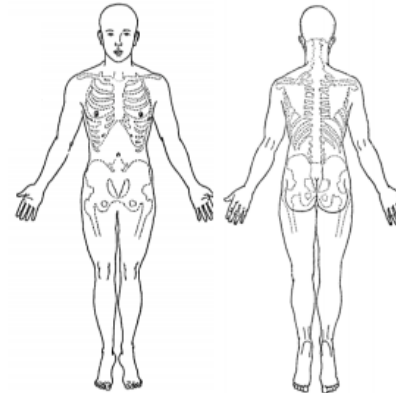
\_\_\_\_\_

**L**ast Food or Drink \_\_\_\_\_

\_\_\_\_\_

**E**vents Leading to Accident \_\_\_\_\_

### EXAM for Deformity, Open injury, Tenderness, Swelling



Examine: Head, Neck, Chest, Abdomen, Pelvis, Extremities, Back, Skin

Date Started	Time Started	AM
		PM
Name of care giver		